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FROM: James E. Hudson III

NUMBER OF PAGES: 3
(INCLUDING COVER PAGE)

DATE: November 14, 2005

C/M#: 073957-000001

SUBJECT: Power of Attorney
U.S. Pat. Appl. S/N 10/766,573

Included with this transmittal for U.S. Pat. Appl. S/N 10/766,573 are:

1. Fax cover sheet (1 sheet)
2. Transmittal Form PTO/SB/21 (1 sheet)
3. Revocation of Power of Attorney with New Power of Attorney and Change of Correspondence Address PTO/SB/82 (1 sheet)

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PTO/SB/21 (09-04)

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TRANSMITTAL FORM	Application Number	10766,573	
	Filing Date	January 27, 2004	
	First Named Inventor	Oliphant, Zachary James	
	Art Unit	3835	
	Examiner Name	Nguyen, Chi Q	
<small>(to be used for all correspondence after initial filing)</small>		Attorney Docket Number	073957-000001
Total Number of Pages in This Submission		3	

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Fax Cover sheet
<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Remarks</div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Crain, Caton & James, P.C.		
Signature	<i>James E. Hudson III</i>		
Printed name	James E. Hudson III		
Date	November 14, 2005	Reg. No.	41,081

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I hereby certify that this correspondence is being facsimile transmitted to the USPTO _____			
the date shown below:			
Signature	<i>James E. Hudson III</i>		
Typed or printed name	James E. Hudson III	Date	November 14, 2005

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PTO/SB/82 (04-05)

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**REVOCATION OF POWER OF
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NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10766,573
Filing Date	January 27, 2004
First Named Inventor	Oliphant, Zachary James
Art Unit	3635
Examiner Name	NGUYEN, CHI Q
Attorney Docket Number	073957-000001

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number:

30903

☒ Please change the correspondence address for the above-identified application to:☐ The address associated with
Customer Number:

30903

OR

☐ Firm or
Individual Name

Address

City

State

Zip

Country

Telephone

Email

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Signature

Name

Zachary James Oliphant

Date

11/4/05

Telephone

281-290-8283

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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